

1 Introduced by Committee on Health Care

2 Date:

3 Subject: Health; COVID-19; health care providers; regulatory flexibility

4 Statement of purpose of bill as introduced: This bill proposes to extend until  
5 March 31, 2024 certain provisions of previous acts allowing for health care-  
6 related regulatory flexibility during and after the COVID-19 pandemic. The  
7 bill would continue indefinitely the ability of authorized health care  
8 professionals to renew buprenorphine prescriptions without requiring an office  
9 visit, provided that doing so is allowed by federal law; continue pharmacists'  
10 authority to order and administer COVID tests; and modernize aspects of the  
11 practice of radiologist assistants. The bill would require the Board of Medical  
12 Practice to report on ways to increase efficiency in Vermont's physician  
13 licensure process. The bill would also allow advance directives to continue to  
14 be witnessed remotely and would permit them to be signed electronically.

15 An act relating to extending COVID-19 health care regulatory flexibility  
16 and allowing remote witnesses and electronic signatures for advance  
17 directives

18 It is hereby enacted by the General Assembly of the State of Vermont:

19 \* \* \* Extension of COVID-19 Health Care Regulatory Flexibility \* \* \*

20 Sec. 1. 2020 Acts and Resolves No. 91, as amended by 2020 Acts and

21 Resolves No. 140, Sec. 13, 2020 Acts and Resolves No. 159, Sec. 10, 2021

1 Acts and Resolves No. 6, Secs. 1 and 3, 2021 Acts and Resolves No. 69, Sec.  
2 19, and 2022 Acts and Resolves No. 85, Sec. 1, is further amended to read:

3 \* \* \*

4 \* \* \* Compliance Flexibility \* \* \*

5 Sec. 4. HEALTH CARE AND HUMAN SERVICE PROVIDER

6 REGULATION; WAIVER OR VARIANCE PERMITTED

7 Notwithstanding any provision of the Agency of Human Services’  
8 administrative rules or standards to the contrary, through March 31, ~~2023~~  
9 2024, the Secretary of Human Services may waive or permit variances from  
10 the following State rules and standards governing providers of health care  
11 services and human services as necessary to prioritize and maximize direct  
12 patient care, support children and families who receive benefits and services  
13 through the Department for Children and Families, and allow for continuation  
14 of operations with a reduced workforce and with flexible staffing arrangements  
15 that are responsive to evolving needs, to the extent such waivers or variances  
16 are permitted under federal law:

17 (1) Hospital Licensing Rule;

18 (2) Hospital Reporting Rule;

19 (3) Nursing Home Licensing and Operating Rule;

20 (4) Home Health Agency Designation and Operation Regulations;

21 (5) Residential Care Home Licensing Regulations;

- 1 (6) Assisted Living Residence Licensing Regulations;
- 2 (7) Home for the Terminally Ill Licensing Regulations;
- 3 (8) Standards for Adult Day Services;
- 4 (9) Therapeutic Community Residences Licensing Regulations;
- 5 (10) Choices for Care High/Highest Manual;
- 6 (11) Designated and Specialized Service Agency designation and
- 7 provider rules;
- 8 (12) Child Care Licensing Regulations;
- 9 (13) Public Assistance Program Regulations;
- 10 (14) Foster Care and Residential Program Regulations; and
- 11 (15) other rules and standards for which the Agency of Human Services
- 12 is the adopting authority under 3 V.S.A. chapter 25.

13 Sec. 5. GREEN MOUNTAIN CARE BOARD RULES; WAIVER OR  
14 VARIANCE PERMITTED

15 (a) Notwithstanding any provision of 18 V.S.A. chapter 220 or 221,  
16 8 V.S.A. § 4062, 33 V.S.A. chapter 18, subchapter 1, or the Green Mountain  
17 Care Board’s administrative rules, guidance, or standards to the contrary,  
18 through March 31, ~~2023~~ 2024, the Green Mountain Care Board may waive or  
19 permit variances from State laws, guidance, and standards with respect to the  
20 following regulatory activities, to the extent permitted under federal law, as  
21 necessary to prioritize and maximize direct patient care, safeguard the stability

1 of health care providers, and allow for orderly regulatory processes that are  
2 responsive to evolving needs related to the COVID-19 pandemic:

3 (1) hospital budget review;

4 (2) certificates of need;

5 (3) health insurance rate review; and

6 (4) accountable care organization certification and budget review.

7 (b) As part of any proceeding conducted on or after February 1, 2022 to  
8 establish or enforce a hospital’s fiscal year 2022 or 2023 budget, the Green  
9 Mountain Care Board shall consider the hospital’s extraordinary labor costs  
10 and investments, as well as the impacts of those costs and investments on the  
11 affordability of health care.

12 Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER

13 ENROLLMENT AND CREDENTIALING

14 Until March 31, ~~2023~~ 2024, and to the extent permitted under federal law,  
15 the Department of Vermont Health Access shall relax provider enrollment  
16 requirements for the Medicaid program, and the Department of Financial  
17 Regulation shall direct health insurers to relax provider credentialing  
18 requirements for health insurance plans, in order to allow for individual health  
19 care providers to deliver and be reimbursed for services provided across health  
20 care settings as needed to respond to Vermonters’ evolving health care needs.

21 \* \* \*

1           Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF  
2                           FINANCIAL REGULATION; EMERGENCY RULEMAKING

3           (a) It is the intent of the General Assembly to increase Vermonters' access  
4           to medically necessary health care services during and after a declared state of  
5           emergency in Vermont as a result of COVID-19.

6           (b)(1) ~~Until April 1, 2023~~ Through March 31, 2024, and notwithstanding  
7           any provision of 3 V.S.A. § 844 to the contrary, the Department of Financial  
8           Regulation shall consider adopting, and shall have the authority to adopt,  
9           emergency rules ~~to address the following through March 31, 2023:~~

10           ~~(A)~~ expanding health insurance coverage for, and waiving or limiting  
11           cost-sharing requirements directly related to, the diagnosis of COVID-19,  
12           including tests for influenza, pneumonia, and other respiratory viruses  
13           performed in connection with making a COVID-19 diagnosis; the treatment of  
14           COVID-19 when it is the primary or a secondary diagnosis; and the prevention  
15           of COVID-19; ~~and~~

16           ~~(B) modifying or suspending health insurance plan deductible~~  
17           ~~requirements for all prescription drugs, except to the extent that such an action~~  
18           ~~would disqualify a high deductible health plan from eligibility for a health~~  
19           ~~savings account pursuant to 26 U.S.C. § 223.~~

20           (2) Any rules adopted in accordance with this subsection shall remain in  
21           effect until not later than April 1, ~~2023~~ 2024.

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\* \* \* Regulation of Professions \* \* \*

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Sec. 17. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
MEDICAL PRACTICE; OUT-OF-STATE HEALTH CARE  
PROFESSIONALS

(a) Notwithstanding any provision of Vermont’s professional licensure statutes or rules to the contrary, through March 31, ~~2023~~ 2024, a health care professional, including a mental health professional, who holds a valid license, certificate, or registration to provide health care services in any other U.S. jurisdiction in a profession regulated by the Board of Medical Practice, or in a profession regulated by the Office of Professional Regulation for which the Office does not provide a pathway to provisional licensure under 3 V.S.A. § 130. shall be deemed to be licensed, certified, or registered to provide health care services, including mental health services, to a patient located in Vermont as a volunteer member of the Medical Reserve Corps or, for a period not to exceed six months, as part of the staff of a licensed facility, other health care facility as defined in 18 V.S.A. § 9432, or federally qualified health center, provided the health care professional:

1           (1) is licensed, certified, or registered in good standing in the other U.S.  
2 jurisdiction or jurisdictions in which the health care professional holds a  
3 license, certificate, or registration;

4           (2) is not subject to any professional disciplinary proceedings in any  
5 other U.S. jurisdiction; and

6           (3) is not affirmatively barred from practice in Vermont for reasons of  
7 fraud or abuse, patient care, or public safety.

8           (b) A health care professional who plans to provide health care services in  
9 Vermont as a volunteer member of the Medical Reserve Corps or as part of the  
10 staff of a licensed facility, other health care facility as defined in 18 V.S.A.  
11 § 9432, or federally qualified health center shall submit or have submitted on  
12 the individual’s behalf the individual’s name, contact information, and the  
13 location or locations at which the individual will be practicing to:

14           (1) the Board of Medical Practice for medical doctors, physician  
15 assistants, and podiatrists; or

16           (2) the Office of Professional Regulation for all other health care  
17 professions.

18           (c) A health care professional who delivers health care services in Vermont  
19 pursuant to subsection (a) of this section shall be subject to the imputed  
20 jurisdiction of the Board of Medical Practice or the Office of Professional

1 Regulation, as applicable based on the health care professional’s profession, in  
2 accordance with Sec. 19 of this act.

3 (d)(1) This section shall remain in effect through March 31, ~~2023~~ 2024,  
4 provided the health care professional remains licensed, certified, or registered  
5 in good standing throughout the period the health care professional is  
6 practicing in Vermont, which shall not exceed six months for a health care  
7 professional providing health care services as part of the staff of a licensed  
8 facility, other health care facility as defined in 18 V.S.A. § 9432, or federally  
9 qualified health center.

10 (2) The Board of Medical Practice and Office of Professional  
11 Regulation shall provide appropriate notice of the March 31, ~~2023~~ 2024  
12 expiration date of this section to:

13 (A) health care professionals providing health care services in  
14 Vermont under this section;

15 (B) the Medical Reserve Corps; and

16 (C) health care facilities and federally qualified health centers at  
17 which health care professionals are providing services under this section.

18 (e) Nothing in this section is intended to limit, restrict, or modify the  
19 application of existing or future federal waivers of health care professional  
20 licensure requirements to licensed and certified facilities.



1        (f) Health care facilities, health insurers, and Vermont Medicaid shall  
2        consider deemed licensure, certification, or registration pursuant this section as  
3        sufficient to meet applicable Vermont licensure, certification, or registration  
4        requirements for the purpose of health care professional credentialing and  
5        enrollment; provided, however, that this deemed satisfaction of the licensure,  
6        certification, and registration requirements shall have no impact on any other  
7        credentialing or enrollment requirement.

\* \* \*

\* \* \* Telehealth \* \* \*

\* \* \*

11        Sec. 26. WAIVER OF CERTAIN TELEHEALTH REQUIREMENTS  
12                FOR A LIMITED TIME

13        Notwithstanding any provision of 8 V.S.A. § 4100k or 18 V.S.A. § 9361 to  
14        the contrary, through March 31, ~~2023~~ 2024, the following provisions related to  
15        the delivery of health care services through telemedicine or by store-and-  
16        forward means shall not be required, to the extent their waiver is permitted by  
17        federal law or guidance regarding enforcement discretion:

- 18            (1) delivering health care services, including dental services, using a
- 19        connection that complies with the requirements of the Health Insurance
- 20        Portability and Accountability Act of 1996, Pub. L. No. 104-191 in accordance

1 with 8 V.S.A. § 4100k(i), as amended by this act, if it is not practicable to use  
2 such a connection under the circumstances;

3 (2) representing to a patient that the health care services, including  
4 dental services, will be delivered using a connection that complies with the  
5 requirements of the Health Insurance Portability and Accountability Act of  
6 1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not  
7 practicable to use such a connection under the circumstances.

8 \* \* \*

9 Sec. 2. 2020 Acts and Resolves No. 140, Sec. 15, as amended by 2021 Acts  
10 and Resolves No. 6, Sec. 2 and 2022 Acts and Resolves No. 85, Sec. 2, is  
11 further amended to read:

12 Sec. 15. BOARD OF MEDICAL PRACTICE; TEMPORARY

13 PROVISIONS; PHYSICIANS, PHYSICIAN ASSISTANTS,

14 AND PODIATRISTS

15 (a) Notwithstanding any provision of 26 V.S.A. § 1353(11) to the contrary,  
16 the Board of Medical Practice or its Executive Director may issue a temporary  
17 license through March 31, ~~2023~~ 2024 to an individual who is licensed to  
18 practice as a physician, physician assistant, or podiatrist in another jurisdiction,  
19 whose license is in good standing, and who is not subject to disciplinary  
20 proceedings in any other jurisdiction. The temporary license shall authorize

1 the holder to practice in Vermont until a date not later than April 1, ~~2023~~ 2024,  
2 provided the licensee remains in good standing.

3 (b) Through March 31, ~~2023~~ 2024, the Board of Medical Practice or its  
4 Executive Director may waive requirements for physician assistants, including  
5 scope of practice requirements and the requirement for documentation of the  
6 relationship between a physician assistant and a physician pursuant to  
7 26 V.S.A. § 1735a. The Board or Executive Director may impose limitations  
8 or conditions when granting a waiver under this subsection.

9 **\* \* \* Maintaining Pharmacist Authority to Order and**

10 **Administer COVID Tests \* \* \***

11 Sec. 3. 2020 Acts and Resolves No. 178, Sec. 12a, as amended by 2021 Acts  
12 and Resolves No. 6, Sec. 2a and 2022 Acts and Resolves No. 85, Sec. 3, is  
13 further amended to read:

14 Sec. 12a. ~~SUNSET OF PHARMACIST AUTHORITY TO ORDER OR~~  
15 ~~ADMINISTER SARS-COV TESTS~~

16 ~~In Sec. 11, 26 V.S.A. § 2023(b)(2)(A)(x) (clinical pharmacy prescribing;~~  
17 ~~State protocol; SARS-CoV testing) shall be repealed on March 31, 2023.~~

18 [Deleted.]

19 **\* \* \* Extending Temporary Telehealth Registration \* \* \***

20 **Sec. 4. 2022 Acts and Resolves No. 85, Sec. 6 is amended to read:**

21 Sec. 6. TEMPORARY TELEHEALTH REGISTRATION FOR OUT-OF-

1 STATE HEALTH CARE PROFESSIONALS

2 (a) Notwithstanding any provision of Vermont’s professional licensure  
3 statutes or rules to the contrary, ~~from the period from~~ beginning on April 1,  
4 2022 ~~through June 30, 2023~~, the Office of Professional Regulation and Board  
5 of Medical Practice shall register a health care professional who is not licensed  
6 or registered to practice in Vermont but who seeks to provide health care  
7 services to patients or clients located in Vermont using telehealth, provided:

8 (1) the health care professional completes an application in the manner  
9 specified by the Director of the Office of Professional Regulation or the Board  
10 of Medical Practice, as applicable; and

11 (2)(A) the health care professional holds an active, unencumbered license,  
12 certificate, or registration in at least one other U.S. jurisdiction to practice the  
13 health care profession for which the health care professional seeks to provide  
14 telehealth services in Vermont;

15 (B) the health care professional’s license, certificate, or registration is in  
16 good standing in all other U.S. jurisdictions in which the health care  
17 professional is licensed, certified, or registered to practice; and

18 (C) the health care professional provides verification of licensure,  
19 certification, or registration to the Office or the Board, as applicable.

20 (b) The temporary telehealth registration option available pursuant to this  
21 section shall continue to be available to out-of-state health care professionals

1 until the telehealth licensure and registration system established in 26 V.S.A.  
2 chapter 56 by 2022 Acts and Resolves No. 107 is operational. The Office of  
3 Professional Regulation and Board of Medical Practice shall provide  
4 appropriate notice to health care professionals registered under this section of  
5 the expiration date of the temporary telehealth registration option and shall  
6 allow temporary telehealth registrants 90 days following the effective date of  
7 the applicable telehealth licensure and registration rules to transition from  
8 temporary registration to a telehealth license or registration.

9 \* \* \* Advance Directives \* \* \*

10 Sec. 5. 18 V.S.A. § 9701 is amended to read:

11 § 9701. DEFINITIONS

12 As used in this chapter:

13 \* \* \*

14 (35) “Remote witness” means a witness who is not physically present  
15 when a principal signs an advance directive.

16 Sec. 6. 18 V.S.A. § 9703 is amended

17 § 9703. FORM AND EXECUTION

18 (a) An adult with capacity may execute an advance directive at any time.

19 (b)(1) The advance directive shall be dated, executed by the principal or by  
20 another individual in the principal’s presence at the principal’s express  
21 direction if the principal is physically unable to do so, and signed in the

1 ~~presence of by~~ two or more witnesses at least 18 years of age, who shall sign  
2 and affirm that the principal appeared to understand the nature of the document  
3 and to be free from duress or undue influence at the time the advance directive  
4 was signed.

5 (2) On and after April 1, 2023, the principal shall have either signed  
6 in the physical presence of each witness or the following conditions shall have  
7 been met with respect to each remote witness:

8 (A) the principal and the remote witness were known to each other;

9 (B) based on video or telephonic communication between the  
10 principal and the remote witness, the remote witness attested that the principal  
11 seemed to understand the nature of the document and to be free from duress or  
12 undue influence at the time the advance directive was signed; and

13 (C) the principal included on the advance directive the name and  
14 contact information for the remote witness and the nature of the principal's  
15 relationship to the remote witness.

16 (3) A health care provider may serve as a witness to the principal's  
17 execution of the advance directive under this subsection.

18 (4) If the principal is being admitted to or is a resident of a nursing home  
19 or residential care facility or is being admitted to or is a patient in a hospital at  
20 the time of execution, the individual who explained the nature and effect of the  
21 advance directive to the principal pursuant to subsection (d) or (e) of this

1 section may also serve as one of the witnesses to the principal’s execution of  
2 the advance directive under this subsection.

3 (c) Neither the agent appointed by the principal nor the principal’s spouse,  
4 parent, adult sibling, adult child, or adult grandchild may witness the advance  
5 directive.

6 (d)(1) An advance directive shall not be effective if, at the time of  
7 execution, the principal is being admitted to or is a resident of a nursing home  
8 as defined in 33 V.S.A. § 7102 or a residential care facility, unless one of the  
9 following individuals explains the nature and effect of an advance directive to  
10 the principal and signs a statement affirming that ~~he or she~~ the individual has  
11 provided the explanation:

12 (A) an ombudsman;

13 (B) a recognized member of the clergy;

14 (C) an attorney licensed to practice in this State;

15 (D) a Probate Division of the Superior Court designee;

16 (E) an individual designated by a hospital pursuant to subsection  
17 9709(d) of this title;

18 (F) a mental health patient representative;

19 (G) an individual who is volunteering at the nursing home or

20 residential care facility without compensation and has received appropriate

21 training regarding the explanation of advance directives; or

1 (H) a clinician, as long as the clinician is not employed by the  
2 nursing home or residential care facility at the time of the explanation.

3 (2) It is the intent of this subsection to ensure that residents of nursing  
4 homes and residential care facilities are willingly and voluntarily executing  
5 advance directives.

6 (3) The individual who explains the nature and effect of an advance  
7 directive to the principal under this subsection may be physically present in the  
8 same location as the principal at the time of the explanation or may deliver the  
9 explanation to the principal by video or telephone.

10 (e)(1) An advance directive shall not be effective if, at the time of  
11 execution, the principal is being admitted to or is a patient in a hospital, unless  
12 one of the following individuals has explained explains the nature and effect of  
13 an advance directive to the principal and signs a statement affirming that he or  
14 she the individual has provided the explanation:

15 (1)(A) an ombudsman;

16 (2)(B) a recognized member of the clergy;

17 (3)(C) an attorney licensed to practice in this State;

18 (4)(D) a Probate Division of the Superior Court designee;

19 (5)(E) an individual designated by the hospital pursuant to subsection

20 9709(d) of this title; or

21 (6)(F) a mental health patient representative.



1           (2) The individual who explains the nature and effect of an advance  
2           directive to the principal under this subsection may be physically present in the  
3           same location as the principal at the time of the explanation or may deliver the  
4           explanation to the principal by video or telephone.

5           (f) A durable power of attorney for health care, terminal care document, or  
6           advance directive executed prior to the enactment of this chapter shall be a  
7           valid advance directive if the document complies with the statutory  
8           requirements in effect at the time the document was executed or with the  
9           provisions of this chapter.

10           (g) A principal, a witness, or an individual who explains an advance  
11           directive under subsection (d) or (e) of this section may sign the advance  
12           directive or the explanation affirmation statement using an electronic signature,  
13           provided that the electronic signature complies with the Uniform Electronic  
14           Transaction Act, 9 V.S.A. chapter 20.

15           Sec. 7. 18 V.S.A. § 9721 is amended to read:

16           § 9721. ADVANCE DIRECTIVES; COVID-19; REMOTE WITNESSES  
17           AND EXPLAINERS; ADVANCE DIRECTIVES EXECUTED  
18           BETWEEN FEBRUARY 15, 2020 AND MARCH 31, 2023

19           (a) As used in this section, “remote witness” means a witness who is not  
20           physically present when a principal signs an advance directive. [Repealed.]

1 (b)(1) Notwithstanding any provision of subsection 9703(b) of this title to  
2 the contrary, an advance directive executed by a principal between February  
3 15, 2020 and June 15, 2020 shall be deemed to be valid even if the principal  
4 signed the advance directive outside the physical presence of one or both of the  
5 required witnesses, provided all of the following conditions were met with  
6 respect to each remote witness:

7 (A) the principal and the remote witness were known to each other;

8 (B) the remote witness was informed about the role of a witness to  
9 the execution of an advance directive; and

10 (C) the principal included on the advance directive the name and  
11 contact information for the witness.

12 (2) An advance directive executed as set forth in subdivision (1) of this  
13 subsection shall be valid until June 30, 2021 unless amended, revoked, or  
14 suspended by the principal in accordance with this chapter prior to that date.

15 (c)(1) Notwithstanding any provision of subsection 9703(b) of this title to  
16 the contrary, an advance directive executed by a principal between June 15,  
17 2020 and March 31, 2023 shall be deemed to be valid even if the principal  
18 signed the advance directive outside the physical presence of one or both of the  
19 required witnesses, provided all of the following conditions are met with  
20 respect to each remote witness:

21 (A) the principal and the remote witness were known to each other;

1           (B) based on video or telephonic communication between the  
2 principal and the remote witness, the remote witness attested that the principal  
3 seemed to understand the nature of the document and to be free from duress or  
4 undue influence at the time the advance directive was signed; and

5           (C) the principal included on the advance directive the name and  
6 contact information for the remote witness and the nature of the principal’s  
7 relationship to the remote witness.

8           (2) An advance directive executed as set forth in subdivision (1) of this  
9 subsection shall remain valid unless amended, revoked, or suspended by the  
10 principal in accordance with this chapter.

11           (d)(1) Notwithstanding any provision of subsection 9703(d) or (e) of this  
12 title to the contrary, an advance directive executed by a principal between  
13 February 15, 2020 and March 31, 2023 while the principal was being admitted  
14 to or was a resident of a nursing home or residential care facility or was being  
15 admitted to or was a patient in a hospital shall be deemed to be valid even if  
16 the individual who explained the nature and effect of the advance directive to  
17 the principal in accordance with subsection 9703(d) or (e) of this title, as  
18 applicable, was not physically present in the same location as the principal at  
19 the time of the explanation, provided the individual delivering the explanation  
20 was communicating with the principal by video or telephone.

1           (2) An advance directive executed in accordance with this subsection  
2 shall remain valid as set forth in subsection (b) or (c) of this section, as  
3 applicable.

4           (e) On and after April 1, 2023, advance directives shall only be executed in  
5 accordance with section 9703 of this chapter.

6           \* \* \* Buprenorphine Prescription Renewals \* \* \*

7       Sec. 8. 18 V.S.A. § 4755 is added to read:

8       § 4755. BUPRENORPHINE; PRESCRIPTION RENEWALS

9       To the extent permitted under federal law, a health care professional  
10 authorized to prescribe buprenorphine for treatment of substance use disorder  
11 may authorize renewal of a patient’s existing buprenorphine prescription  
12 without requiring an office visit, provided that the health care professional  
13 conducts a visit with the patient by telemedicine, as defined in 8 V.S.A.  
14 § 4100k, or audio-only telephone.

15           \* \* \* Radiologist Assistants \* \* \*

16       Sec. 9. 26 V.S.A. § 2851 is amended to read: **(NEW)**

17       § 2851. DEFINITIONS

18       As used in this chapter:

19   \* \* \*

20           (8)(A) “Supervision” means the direction and review by a supervising  
21 radiologist, as determined to be appropriate by the Board, of the medical

1 services provided by the radiologist assistant. At a minimum, supervision shall  
2 mean that a radiologist is readily available for consultation and intervention. A  
3 radiologist assistant may provide services under the direction and review of  
4 more than one supervising radiologist during the course of his or her  
5 employment, subject to the limitations on his or her scope of practice as set  
6 forth in this chapter and the protocol filed under subsection 2853(b) of this  
7 title.

8 (B) As used in subdivision (A) of this subdivision (8), “readily  
9 available” means that a radiologist is available in person or is available  
10 remotely by telephone or through a live, interactive audio and video  
11 connection.

12 Sec. 10. 26 V.S.A. § 2857 is amended to read: **(NEW)**

13 § 2857. SUPERVISION AND SCOPE OF PRACTICE

14 (a) The number of radiologist assistants permitted to practice under the  
15 direction and supervision of a radiologist shall be determined by the Board  
16 after review of the system of care delivery in which the supervising radiologist  
17 and radiologist assistants propose to practice. Scope of practice and levels of  
18 supervision shall be consistent with guidelines adopted by the American  
19 College of Radiology, the American Society of Radiologic Technologists, and  
20 the ARRT. The authority of a radiologist assistant to practice shall terminate  
21 immediately upon termination of the radiologist assistant’s employment, and

1 the primary supervising radiologist shall immediately notify the Board and the  
2 Commissioner of the Department of Health of the termination. The radiologist  
3 assistant’s authority to practice shall not resume until ~~he or she~~ the radiologist  
4 assistant provides proof of other employment and a protocol as required under  
5 this chapter.

6 (b) Subject to the limitations set forth in subsection (a) of this section, the  
7 radiologist assistant’s scope of practice shall be limited to that delegated to the  
8 radiologist assistant by the primary supervising radiologist and for which the  
9 radiologist assistant is qualified by education, training, and experience. At no  
10 time shall the practice of the radiologist assistant exceed the normal scope of  
11 the supervising radiologist’s practice. A radiologist assistant ~~may~~ shall not  
12 interpret images, make diagnoses, or prescribe medications or therapies, but  
13 may communicate with patients regarding the radiologist assistant’s  
14 preliminary observations regarding the technical performance of a procedure or  
15 examination and regarding the findings from a radiologist’s report.

16 **\*\*\* Report on Updating Physician Licensure Processes \*\*\***

17 Sec. 11. BOARD OF MEDICAL PRACTICE; PHYSICIAN LICENSURE;  
18 REPORT

19 On or before January 15, 2024, the Board of Medical Practice shall report to  
20 the House Committee on Health Care and the Senate Committee on Health and

1 Welfare regarding options for streamlining and modernizing the physician

2 licensure process, such as:

3 (1) alternatives to requiring an original birth certificate as a method of  
4 proving identification;

5 (2) the status of obtaining fingerprint-supported background checks and  
6 being able to serve as the State of Principal Licensure for purposes of  
7 participation in the Interstate Medical Licensure Compact;

8 (3) offering provisional licenses pending full document verification; and

9 (4) allowing Board of Medical Practice staff to approve uncomplicated  
10 license applications.

11 **\*\*\* Effective Dates \*\*\***

12 Sec. 12. EFFECTIVE DATES

13 This act shall take effect on passage, except that Sec. 6 (18 V.S.A. § 9703)  
14 shall take effect on April 1, 2023.